

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

Reset Form

2010 JAN 19 AM 11:52

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT MASCHER

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
MARY MASCHER

Political Party (if applicable)
DEMOCRAT

Office Sought
IOWA HOUSE OF REPRESENTATIVES

District (if Senate or House)
77

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 803
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Judith Carter
SIGNATURE OF PERSON FILING REPORT

319-338-5922
TELEPHONE

1/15/10
DATE SIGNED

I AM FILING A January 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$1,753.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$5,325.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$7,078.83

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

\$3,134.77

Schedule F: Loan Repayments total (Attach Schedule F)

\$3,944.06

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$25.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$1,400.00

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mascher

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/7/09	ID# 6488 CK# 2063	Iowa Providers PAC 7025 Hickman Rd. Suite 5 Urbandale, IA 50322		\$ 250 ⁰⁰	<input type="checkbox"/>
1/7/09	ID# 863 CK# 1019	Iowa Ophthalmology PAC 12595 NW 72nd St. Polk City, IA 50226-1229		150 ⁰⁰	<input type="checkbox"/>
1/8/09	ID# 6078 CK# 1720	Iowa Physical Therapy PAC 3355 University Blvd, Suite K Clive, IA 50325-1162		200 ⁰⁰	<input type="checkbox"/>
1/8/09	ID# 9655 CK# 1063	IHTA PAC P.O. Box 206 Eldora, IA 50627		300 ⁰⁰	<input type="checkbox"/>
1/22/09	ID# CK#	Paula Vincent 302 Butternut Lane Jawa City, IA 52246		50 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# CK#	Stanley and Vivian Bernstein 300 Trenor Drive New Rochelle, NY 10804		300 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# CK#	Robert E. Josten 801 Grand, Suite 3900 Des Moines, IA 50309		100 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# CK#	Andrew J. Baumert 5068 Coachlight Drive West Des Moines, IA 50265-6928		25 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# CK#	Chad D. Russell 1510 Bell Ave. Des Moines, IA 50315		100 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# 6075 CK# 1671	Iowa Nurses' Association 1501 42nd St, Suite 471 West Des Moines, IA 50266		100 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1575⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
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8/17/09	ID# 6058 CK# 4513	Iowa Chiropractic Society 100 East Grand Ave. Suite 240 Des Moines, IA 50309		\$ 100 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# 6272 CK# 1026	State Police Officers Council 1630 Lucas Drive Knoxville, IA 50138		250 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# CK#	Steven J. Ovel 2259 Washington Ave. SE Cedar Rapids, IA 52403		50 ⁰⁰	<input type="checkbox"/>
8/17/09	ID# 6070 CK# 3879	Iowa Law PAC 625 E. Court Avenue Des Moines, IA 50309-1904		100 ⁰⁰	<input type="checkbox"/>
9/10/09	ID# 6098 CK# 3655	IOWA BED PAC 321 E. Walnut Suite 310 Des Moines, IA 50309-2026		1,000 ⁰⁰	<input type="checkbox"/>
10/7/09	ID# 6484 CK# 1052	Iowa Society of Anesthesiologists 535 SW 5th St, Suite A Des Moines, IA 50309		1,000 ⁰⁰	<input type="checkbox"/>
10/10/09	ID# 8242 CK# 14952	GlaxoSmithKline PAC 5 Moore Drive Research Triangle Park, NC 27709		250 ⁰⁰	<input type="checkbox"/>
10/23/09	ID# 6059 CK# 3349	Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265		100 ⁰⁰	<input type="checkbox"/>
10/24/09	ID# 863 CK# 1341	Medimmune PAC 1 Medimmune Way Gaithersburg, MD 20878		100 ⁰⁰	<input type="checkbox"/>
11/13/09	ID# 6478 CK# 1219	Iowa Assn. of Nurse Anesthesiologists 17893 124th St Manchester, IA 52057		250 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 3200⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

**MONETARY
RECEIPTS**

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mascher

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/26/09	ID# 6488 CK# 2105	Iowa Providers PAC 7025 Hickman Rd, Suites Urbandale, IA 50322		\$ 250 ⁰⁰	<input type="checkbox"/>
12/23/09	ID# 6059 CK# 3422	IADA Committee of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265		200 ⁰⁰	<input type="checkbox"/>
12/30/09	ID# 6046 CK# 4609	Justice for All PAC 216 Sixth Ave, Ste. # 526 Des Moines, IA 50309-4091		100 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 550⁰⁰

TOTAL (if last page of this schedule)

\$ 5325.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/4/09	ID# CK#	Legislative Information Office Des Moines, IA 50319	Gifts and Notecards	\$ 239.00
2/17/09	ID# CK#	House Truman Fund 5661 Fleur Drive Des Moines, IA 50321	Contribution	100.00 100.00
7/31/09	ID# CK#	Johnson County Democrats P.O. Box 1773 Iowa City, IA 52244	Contribution	150.00
8/22/09	ID# CK#	House Truman Fund 5661 Fleur Drive Des Moines, IA 50321	Contribution	1,000 ⁰⁰
9/2/09	ID# CK#	University of Iowa Iowa City, IA 52242	tickets for game and reception	238 ⁰⁰
9/5/09	ID# CK#	University of Iowa Iowa City, IA 52242	game ticket	52 ⁰⁰
9/25/09	ID# CK#	Mary Mascher 40 Bryn Court Iowa City, IA 52246	Reimbursement for Colorado Conference	1105 ⁷⁹
10/24/09	ID# CK#	Johnson County Democrats P.O. Box 1773 Iowa City, IA 52244	Contribution	250 ⁰⁰

SUB-TOTAL

\$ 3134.79

TOTAL (if last page of this schedule)

\$ 3134.79

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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of

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT MASCHER

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/17/09	House Truman Fund 5661 Fleur Drive DES MOINES, IA 50321		INVITATIONS AND STAMPS for fundraiser	\$ 25 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 25⁰⁰

TOTAL (if last
page of this
schedule) \$ 25⁰⁰

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no

Page 1 of 1
(for Schedule E)

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mascher

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
11/30/08	Laptop Computer and Printer	\$2,100.00	\$1400.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1400.00* If estimated, show **est.** beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)